

Ages & Stages Questionnaires: A Parent-Completed, Child-Monitoring System

By Diane Bricker, Jane Squires, and Linda Mounts

with assistance from LaWanda Potter, Robert Nickel, and Jane Farrell

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• **24 Month** •
Questionnaire

Please fill out the following information.

Child's name: _____

Child's date of birth: _____

Who is filling out this questionnaire? _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Today's date: _____

Administering program or provider: _____



At this age, many toddlers are not cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, score "yes" for the question.

YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | | | | | | | |
|---|--------------------------------|--------------------------|--------------------------|--------------------|------------------------|---------------------|--------------------------|--------------------------|--------------------------|-------|
| <p>1. Without showing her first, does your child <i>point</i> to the correct picture when you say, "Show me the kitty" or ask, "Where is the dog"? (She only needs to identify one picture correctly.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | |
| <p>2. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "Bye-Bye," "All gone," "All right," and "What's that?") Please give an example of your child's word combinations:</p> <hr style="width: 50%; margin-left: 0;"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | |
| <p>3. Without giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">a. "Put the toy on the table."</td> <td style="width: 50%;">d. "Find your coat."</td> </tr> <tr> <td>b. "Close the door."</td> <td>e. "Take my hand."</td> </tr> <tr> <td>c. "Bring me a towel."</td> <td>f. "Get your book."</td> </tr> </table> | a. "Put the toy on the table." | d. "Find your coat." | b. "Close the door." | e. "Take my hand." | c. "Bring me a towel." | f. "Get your book." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| a. "Put the toy on the table." | d. "Find your coat." | | | | | | | | | |
| b. "Close the door." | e. "Take my hand." | | | | | | | | | |
| c. "Bring me a towel." | f. "Get your book." | | | | | | | | | |
| <p>4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | |
| <p>5. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least <i>seven</i> body parts? (She can point to parts of herself, you, or a doll.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | |
| <p>6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | |
| COMMUNICATION TOTAL | | | | _____ | | | | | | |

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| <p>1. Does your child walk down stairs if you hold onto one of his hands? (You can look for this at a store, on a playground, or at home.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>2. When you show her how to kick a large ball, does your child try to kick the ball by moving her leg forward or by walking into it? (If your child already kicks a ball, check "yes" for this item.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>3. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home. (Check "yes" even if he holds onto the wall or railing.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>4. Does your child run fairly well, stopping herself without bumping into things or falling?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

5. Does your child jump with both feet leaving the floor at the same time?



6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



 _____*

GROSS MOTOR TOTAL _____

"If gross motor item 6 is marked "yes" or "sometimes," mark gross motor item 2 as "yes."

FINE MOTOR *Be sure to try each activity with your child.*

1. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?

2. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

3. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

4. Does your child flip light switches off and on?

5. Does your child stack seven small blocks or toys on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

6. Does your child thread a shoelace either through a bead or an eyelet of a shoe?

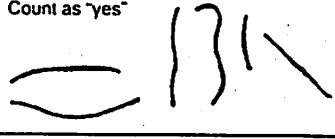


FINE MOTOR TOTAL _____

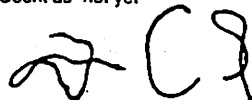
PROBLEM SOLVING *Be sure to try each activity with your child.*

1. After she watches you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (Scribbling back and forth does not count.)

Count as "yes"



Count as "not yet"



2. Without showing him how, does your child purposefully turn a small clear bottle upside down to dump out a crumb or Cheerio? (You could use a pill bottle, soda-pop bottle, or baby bottle.)

YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

- 3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?
- 4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?
- 5. If your child wants something she cannot reach, does she go and find a chair or box to stand on to reach it?
- 6. While your child watches, line up four objects like blocks or cars in a row. Does your child copy you or imitate and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



| | | | |
|--------------------------|--------------------------|--------------------------|-----|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- 1. Does your child drink from a cup or glass, setting it down again with little spilling?
- 2. Does your child copy activities you do, such as wipe up a spill, sweep, shave, or comb hair?
- 3. Does your child eat with a fork?
- 4. When playing with either a stuffed animal or doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?
- 5. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn?
- 6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it" more often than "Juanita do it."

| | | | |
|--------------------------|--------------------------|--------------------------|-----|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the space at the bottom of the next sheet or the back of this sheet for additional comments.*

- 1. Do you think your child hears well? YES NO
If no, explain: _____
- 2. Do you think your child talks like other toddlers his age? YES NO
If no, explain: _____

OVERALL (continued)

3. Can you understand most of what your child says?

YES NO

If no, explain: _____

4. Do you think your child walks, runs, and climbs like other toddlers her age?

YES NO

If no, explain: _____

5. Does either parent have any family history of childhood deafness or hearing impairment?

YES NO

If yes, explain: _____

6. Has your child had any medical problems in the last several months?

YES NO

If yes, explain: _____

7. Does anything about your child worry you?

YES NO

If yes, explain: _____

24 Month ASQ Information Summary

Child's name: _____ Date of birth: _____
 Who is filling out the ASQ? _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any parents' comments.

- | | |
|---|---|
| <p>1. Hears well? YES NO Comments: _____</p> <p>2. Talks like other toddlers? YES NO Comments: _____</p> <p>3. Understand child? YES NO Comments: _____</p> <p>4. Walks, runs, and climbs like others? YES NO Comments: _____</p> | <p>5. Family history of hearing impairment? YES NO Comments: _____</p> <p>6. Recent medical problems? YES NO Comments: _____</p> <p>7. Other concerns? YES NO Comments: _____</p> |
|---|---|

SCORING THE QUESTIONNAIRE

- Be sure each question has been answered. If a question cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

| Total | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Communication | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gross motor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fine motor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem solving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal-social | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Total | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

| | | Score | Cutoff | Communication | Gross motor | Fine motor | Problem solving | Personal-social |
|-----------|-----------------|-------|--------|---|---|---|---|---|
| 24 months | Communication | | 36.5 | 1 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 1 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 1 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 1 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 1 <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | Gross motor | | 36.0 | 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | Fine motor | | 36.4 | 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | Problem solving | | 32.9 | 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | Personal-social | | 35.6 | 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | | | | | 6 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 6 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 6 <input type="radio"/> <input type="radio"/> <input type="radio"/> | 6 <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| | | | | Y S N | Y S N | Y S N | Y S N | Y S N |

Administering program or provider: _____